

Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day/Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney  
 If Attorney, Bar No.: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT

In the matter of Emancipation of \_\_\_\_\_

Case Number JE \_\_\_\_\_

### JUVENILE EMANCIPATION INFORMATION SHEET

A Minor ☐ Female ☐ Male

**NOTE: THIS FORM IS FOR COURT USE ONLY AND IS NOT A PUBLIC RECORD.**

COMPLETE THIS FORM AND RETURN IT TO THE CLERK WHEN FILING THE PETITION.

### INFORMATION ABOUT THE MINOR WHO WANTS TO BE EMANCIPATED

Name \_\_\_\_\_

First Middle Last

**Is there currently an "Order of Protection" between you and either parent or any legal guardian?**  
☐ No ☐ Yes If "Yes", does that Order say your address is "protected"? ☐ No ☐ Yes

**Mailing Address** (if same as above, leave blank) \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Street Address** (if different from mailing address) \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Telephone Number** (If different from above) (       ) \_\_\_\_\_

**Date of Birth** (Month/Day/Year) \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Will you or any person required to receive notice need a court interpreter?** ☐ Yes ☐ No

**If "Yes", what language(s) ?** \_\_\_\_\_